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** CONTINUING DATA ***** None HMC

** FOREIGN APPLICATIONS ***** None HMC

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 6	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Kenneth A. Baker</i> Examiner's Signature Initials				

ADDRESS

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TITLE

Methods and apparatus for load balanced information aggregation and presentation

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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		<input type="checkbox"/> 1.18 Fees (Issue)
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